



RECREATION/SNOW VEHICLE OPERATOR ACCIDENT REPORT

Massachusetts Environmental Police
Boat & Recreation Vehicle Safety Bureau
1019 Rte. 132, Hyannis, MA 02601

(617) 727-8760 • (508) 790-9360 • FAX: (617) 727-2617

**COMPLETE BOTH
SIDES, SIGN AND
FORWARD TO THE
HYANNIS ADDRESS.**

GENERAL INFORMATION			
DATE OF ACCIDENT Mo. Day Year	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	VEHICLE TYPE <input type="checkbox"/> 2 Wheel <input type="checkbox"/> 4 Wheel <input type="checkbox"/> 3 Wheel <input type="checkbox"/> Snow Vehicle	ACCIDENT TYPE 1. Prop. Damage _____ 2. # of Fatales _____ 3. # Injured _____ 4. # of Vehicles _____
LOCATION (Specific) — Include nearest trail markings & property owner		LOCATION (General) — City or Town and County	Was accident investigated by officer? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, check box below: <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> MEP
WEATHER <input type="checkbox"/> Clear <input type="checkbox"/> Snow <input type="checkbox"/> Cloudy <input type="checkbox"/> Sleet <input type="checkbox"/> Rain <input type="checkbox"/> Ice	VISIBILITY <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	TYPE OF TERRAIN <input type="checkbox"/> Blacktop <input type="checkbox"/> Snow <input type="checkbox"/> Dirt Road <input type="checkbox"/> Ice <input type="checkbox"/> Approved Track <input type="checkbox"/> Mud	OTHER CONDITIONS EFFECTING ACCIDENT Air Temperature _____

VEHICLE #1 — YOUR VEHICLE					
Registration Number	Make	Type	Color	Identification No.	Year Built
Engine Make	Engine Type	Engine H.P.	Engine Serial No.	Year Built	Manufacturer Recommendation Max. H.P. _____ Capacity (Persons) _____
Name and Address of Operator		D.O.B.	Operator Experience	Operator Training	
		Age	This Vehicle (Hrs.) _____	Formal Course _____	
			Total (Hrs.) _____	Other _____	
Operator Lic. # (S.S. #)			Operator Telephone #		
Name and Address of Owner		D.O.B.	Nature of Property Damage		
		Age	Estimated Damage _____		
			Insurance Co. _____		
Owner Lic. # (S.S. #)			Owner Telephone #		

VEHICLE #2 — OTHER VEHICLE					
Registration Number	Make	Type	Color	Identification No.	Year Built
Engine Make	Engine Type	Engine H.P.	Engine Serial No.	Year Built	Manufacturer Recommendation Max. H.P. _____ Capacity (Persons) _____
Name and Address of Operator		D.O.B.	Operator Experience	Operator Training	
		Age	This Vehicle (Hrs.) _____	Formal Course _____	
			Total (Hrs.) _____	Other _____	
Operator Lic. # (S.S. #)			Operator Telephone #		
Name and Address of Owner		D.O.B.	Nature of Property Damage		
		Age	Estimated Damage _____		
			Insurance Co. _____		
Owner Lic. # (S.S. #)			Owner Telephone #		

PEDESTRIAN DATA — Complete Only if Pedestrian was Involved in Accident		
WHAT WAS PEDESTRIAN DOING?		
<input type="checkbox"/> Walking With Traffic (includes skiing)	<input type="checkbox"/> Crossing Intersection	<input type="checkbox"/> Pushing Vehicle
<input type="checkbox"/> Walking Against Traffic (includes skiing)	<input type="checkbox"/> Crossing Not at Intersection	<input type="checkbox"/> Working on Vehicle
<input type="checkbox"/> Not in Path/Tail/Roadway	<input type="checkbox"/> Getting On/Off Vehicle	<input type="checkbox"/> Other _____

WITNESSES			
WITNESSES	Other Witness or Persons Present	Address	Phone Work: _____ Home: _____
	Other Witness or Persons Present	Address	Phone Work: _____ Home: _____

INJURY / PROPERTY DAMAGE

PROPERTY	Describe Property Damage:		Appx. Cost to Repair:
	Name of Property Owner	Address	

INJURY	Number Injured	To What Hospital Taken?	Taken by Ambulance <input type="checkbox"/> Yes <input type="checkbox"/> No
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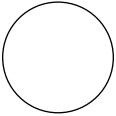


INJURED 1	Name	Street	City/Town	State
	Date of Birth	Injury Severity <input type="checkbox"/> Killed <input type="checkbox"/> Serious visible injury <input type="checkbox"/> No visible injury but complained of pain <input type="checkbox"/> Transported to hospital	Safety Equipment Helmet: <input type="checkbox"/> Yes <input type="checkbox"/> No Eye Protection: <input type="checkbox"/> Yes <input type="checkbox"/> No	Injured Person <input type="checkbox"/> Operator <input type="checkbox"/> Bicyclist <input type="checkbox"/> Passenger <input type="checkbox"/> Other <input type="checkbox"/> Pedestrian _____
	Age			
	Sex <input type="checkbox"/> M <input type="checkbox"/> F			

INJURED 2	Name	Street	City/Town	State
	Date of Birth	Injury Severity <input type="checkbox"/> Killed <input type="checkbox"/> Serious visible injury <input type="checkbox"/> No visible injury but complained of pain <input type="checkbox"/> Transported to hospital	Safety Equipment Helmet: <input type="checkbox"/> Yes <input type="checkbox"/> No Eye Protection: <input type="checkbox"/> Yes <input type="checkbox"/> No	Injured Person <input type="checkbox"/> Operator <input type="checkbox"/> Bicyclist <input type="checkbox"/> Passenger <input type="checkbox"/> Other <input type="checkbox"/> Pedestrian _____
	Age			
	Sex <input type="checkbox"/> M <input type="checkbox"/> F			

ACCIDENT DESCRIPTION

ACCIDENT DESC	Describe what happened:

ACCIDENT DIAGRAM

ACCIDENT DIAGRAM		Indicate North by Arrow	Number each vehicle and show direction of travel:		

Print Name & Address and Telephone Number:	My speed prior to accident was approx.: _____ MPH
	Signed under the pains and penalties of perjury:

	Date submitted: _____
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Investigator <input type="checkbox"/> Other _____	